



# Georgia Department of Agriculture

Ag Inputs-Pesticide Program -19 M.L.K. Jr. Dr., Room 410• Atlanta, GA 30334  
(404)-656-4958 Fax (404)-657-8378

**Gary Black**  
Commissioner

[www.agr.georgia.gov](http://www.agr.georgia.gov)

## RUP DEALER APPLICANTS

The Georgia Department of Agriculture is now required by O.C.G.A. § 5036-1 to verify citizenship for public benefits issued. Effective July 1, 2013, all new and renewal licenses are required to complete a notarized affidavit and provide one form of acceptable identification. See [www.agr.georgia.gov/licensing.aspx](http://www.agr.georgia.gov/licensing.aspx) for details.

Click on Verification of Lawful Presence, the **Affidavit** is listed under documents. Click on Verification of Lawful Presence under documents for a list of acceptable forms of proof of citizenship.

For additional questions contact the Georgia Department of Agriculture at the contact information listed on this form.

For assistance with the required information, call the Customer Service Center at 404-586-1411 or toll free 855-4AG-LICENSE (855-424-5423)

You can also send an email to [gdalicensing@agr.georgia.gov](mailto:gdalicensing@agr.georgia.gov)



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## Agricultural Inputs – Pesticide Section

19 M.L.K. Jr. Dr., Room 410, Atlanta, GA 30334

Phone: 404-656-4958 Fax: 404-657-8378

### APPLICATION FOR GEORGIA RESTRICTED USE PESTICIDE DEALER'S LICENSE

#### Date of Application

\_\_\_\_\_  
Month Day Year

#### Check One

This is the first time this company has applied for a Georgia Restricted Use Pesticides Dealer's License

This is a renewal application

#### OUTLET TO BE LICENSED

Name of Outlet \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If P.O. Box, also give physical address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

#### OWNER OR APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Telephone \_\_\_\_\_

#### TYPE OF BUSINESS

**Check One:**      Company or Corporation      Individual      Partnership

**Note:** If individual or partnership, furnish name and address of owners. If company or corporation, give name and titles of officers.

#### Individual or Partnership

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Company or Corporation

1) Officer \_\_\_\_\_ Title \_\_\_\_\_

2) Officer \_\_\_\_\_ Title \_\_\_\_\_

Please notify us if you have previously submitted an affidavit and one ceptable document for any other license or GATE card issued by the Georgia Department of Agriculture. This will allow us to search our databases and upload the required documentation for your new license and enable a better customer service experience. For assistance, call the Customer Service Center at 855-4-AG-LICENSE (855-424-5423).

I certify that the above information is correct: \_\_\_\_\_

**Applicant's Signature**

**NOTE: This application must be accompanied by a \$55.00 license fee (Check or Money Order) made payable to the Georgia Department of Agriculture.**

#### OFFICE USE ONLY

\_\_\_\_\_  
License No.

Rev. 08/12

Date Paid: \_\_\_\_\_

Check No: \_\_\_\_\_

Amount \$: \_\_\_\_\_ By: \_\_\_\_\_